

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2007

through

07

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

06

10

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		9164.06
(b) Cash on Hand at Beginning of Reporting Period .....	4916.41	
(c) Total Receipts (from Line 19) .....	58702.10	408861.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	63618.51	418025.42
7. Total Disbursements (from Line 31) .....	34650.44	389057.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28968.07	28968.07
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	70548.44	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	52305.00	292150.00
(i) Itemized (use Schedule A) .....	5750.00	95243.17
(ii) Unitemized .....	58055.00	387393.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	16801.73
(c) Other Political Committees (such as PACs) .....	58055.00	404194.90
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	647.10	2903.24
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	1763.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	58702.10	408861.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	58702.10	408861.36

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	21236.94	255073.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	21236.94	255073.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	20000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	13413.50	113983.98
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	13413.50	113983.98
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	34650.44	389057.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34650.44	389057.35

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	58055.00	404194.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58055.00	404194.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21236.94	255073.37
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	647.10	2903.24
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20589.84	252170.13

Form/Schedule : **F3XA**

Transaction ID :

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A  
CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACT  
RED TO BE REPORTED ON SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent  
a letter within 30 days asking for employer-occupation if one was not provided in order to meet best  
efforts policy.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Otto Anderson

Mailing Address 43 Fernwood Avenue

City

Bradford

State

MA

Zip Code

01835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165960

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Christopher Bramley

Mailing Address 7 Pinecrest Dr.

City

Westborough

State

MA

Zip Code

01581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 70809.C166030

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Edward Chesnut

Mailing Address 26 Bellevue Avenue

City

Brockton

State

MA

Zip Code

02302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 9 / 2 0 0 7

Transaction ID: 70809.C165864

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

John Cornish

Mailing Address 106 Clyde St.

City

Newton

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 9 / 2 0 0 7

Transaction ID: 70809.C165858

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Nancy Crate

Mailing Address 890 Hale Street  
DO NOT MAIL

City

Beverly

State

MA

Zip Code

01915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
At Home

Occupation  
At home

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 7

Transaction ID: 70809.C165916

Amount of Each Receipt this Period

8000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

John Cruz

Mailing Address 123 North Elm St.

City

West Bridgewater

State

MA

Zip Code

02379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consolidated Plumbing

Occupation  
Plumber

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 9 / 2 0 0 7

Transaction ID: 70809.C165868

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

8300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Danner

Mailing Address 48 Seabury Point Road

City

Duxbury

State

MA

Zip Code

02332-5203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165955

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Nelson Darling

Mailing Address 74 Beach Bluff Ave.

City

Swampscott

State

MA

Zip Code

01907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165961

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Richard Finn

Mailing Address 6 Blueberry Lane

City

Lexington

State

MA

Zip Code

02420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 70809.C166028

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Madeline Gregory

Mailing Address 300 Summer St  
DO NOT CALL re EVENTS

City State Zip Code  
Westwood MA 02090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
At Home

Occupation  
At Home (Housewife)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 17 2007

Transaction ID: 70809.C165851

Amount of Each Receipt this Period

1800.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Frederick Hafer

Mailing Address 1010 Waltham Street  
Apt. H291

City State Zip Code  
Lexington MA 02421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 19 2007

Transaction ID: 70809.C165884

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Dola Hamilton Stenberg

Mailing Address 5 Louisburg Square

City State Zip Code  
Boston MA 02108-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
At Home

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 24 2007

Transaction ID: 70809.C166000

Amount of Each Receipt this Period

15000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

16900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

James Heigham

Mailing Address 62 Orchard St.

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 9 / 2 0 0 7

Transaction ID: 70809.C165870

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Mark Helman

Mailing Address 27 Edgewood Road

City

Wayland

State

MA

Zip Code

01778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165924

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Michael A. Howland

Mailing Address Howland Development Company  
155 West Street

City

Wilmington

State

MA

Zip Code

01887

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howland Development

Occupation

real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 7 / 2 0 0 7

Transaction ID: 70809.C165852

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Clarice Hunter

Mailing Address 423 Halsey Street  
First Floor

City State Zip Code  
Brooklyn NY 11233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 70809.C166029

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

George Kariotis

Mailing Address 8 Poets Path

City State Zip Code  
Wayland MA 01778

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 9 / 2 0 0 7

Transaction ID: 70809.C165877

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Jeanne Kaufmann

Mailing Address 101 Oakley Rd.  
DO NOT CALL

City State Zip Code  
Belmont MA 02478

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Best Effort Sent

Occupation  
Best Effort Sent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: 70809.C166003

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Rita Kechejian

Mailing Address 50 Fairview Ave.

City

Brockton

State

MA

Zip Code

02301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
At Home

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: 70809.C166005

Amount of Each Receipt this Period

50.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Robert Lawrence

Mailing Address 24 Jackson Pond Road

City

Dedham

State

MA

Zip Code

02026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 7

Transaction ID: 70809.C165845

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Doris Lewald

Mailing Address 1010 Broadway  
PO Box 187

City

Hanover

State

MA

Zip Code

02339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 70809.C166031

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Ann Loudermilk

Mailing Address 109 Nevin Road  
DO NOT MAIL

City State Zip Code  
Weymouth MA 02190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Shore Hospital

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 7

Transaction ID: 70809.C166023

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Salvatore Luciano

Mailing Address 8 Rodney Rd

City State Zip Code  
Peabody MA 01960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 9 / 2 0 0 7

Transaction ID: 70809.C165871

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Walter Meier

Mailing Address 532 Main St

City State Zip Code  
Chatham MA 02633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chatham Jewelers Inc

Occupation  
Merchant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 7

Transaction ID: 70809.C166018

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paul Michitson

Mailing Address 12 Nancy Ann Lane  
DO NOT MAIL IN 2007

City State Zip Code  
Merrimac MA 01860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165994

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert Mundie

Mailing Address 44 Ryefield Road

City State Zip Code  
Fitchburg MA 01420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: 70809.C166001

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

James OBrien

Mailing Address Nixon Peabody, LLP  
P.O. Box 31051

City State Zip Code  
Rochester NY 14603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165919

Amount of Each Receipt this Period

225.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

375.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Albert Paladino

Mailing Address 12 Wachusett Rd.

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Venture Capitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165957

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Rick Pedone

Mailing Address PO Box 31051

City

Rochester

State

NY

Zip Code

14603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nixon Peabody LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165920

Amount of Each Receipt this Period

275.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Frank Pickering

Mailing Address 18 Strawberry Hill Lane

City

Danvers

State

MA

Zip Code

01923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165936

Amount of Each Receipt this Period

50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Rosmarie Scully

Mailing Address 30 Somerset Street  
DO NOT MAIL DUP

City State Zip Code  
Belmont MA 02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scully Signal Co.

Occupation  
Manufacturer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 70809.C165849

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Steven Snider

Mailing Address 114 Shornecliffe Road

City State Zip Code  
Newton MA 02458-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pyramis Global Advisors

Occupation  
Portfolio Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165917

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Lee Sprague

Mailing Address 89 Mount Vernon St.

City State Zip Code  
Boston MA 02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Real Estate Mngr/Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 0 7

Transaction ID: 70709.C165839

Amount of Each Receipt this Period

1255.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

7255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Gerard Townsend

Mailing Address 34 Proctor St.

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Investment Manager/Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 7

Transaction ID: 70809.C165887

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Clayton Trefry

Mailing Address 4712 Scotts Mill Ct.

City

Saugus

State

MA

Zip Code

01906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165959

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Raymond Tye

Mailing Address 175 Campanelli Drive

City

Braintree

State

MA

Zip Code

02184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Liquors, Ltd.

Occupation

Chairman of the Board of Direc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 2 / 2 0 0 7

Transaction ID: 70706.C165821

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Raymond Tye

Mailing Address 175 Campanelli Drive

City

Braintree

State

MA

Zip Code

02184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Liquors, Ltd.

Occupation

Chairman of the Board of Direc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 7

Transaction ID: 70706.C165825

Amount of Each Receipt this Period

2000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Roger Wellington

Mailing Address PO Box 898  
140 Garrison Ln.

City

Osterville

State

MA

Zip Code

02655-0898

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 0 7

Transaction ID: 70709.C165833

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Robert White

Mailing Address 23 Chadwick Road

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bain Capital

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 70809.C166026

Amount of Each Receipt this Period

10000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Katherine Winter

Mailing Address 10 Marlborough St.

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: 70809.C166002

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Fred Wormelle

Mailing Address 38 Emerald Lane

City

Falmouth

State

MA

Zip Code

02536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165923

Amount of Each Receipt this Period

150.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

George Young

Mailing Address 235 Walker St. Apt 252

City

Lenox

State

MA

Zip Code

01240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 7

Transaction ID: 70809.C165886

Amount of Each Receipt this Period

300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Young

Mailing Address 22 Point Road

City

Marion

State

MA

Zip Code

02738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Welch & Forbes

Occupation

Investment Adviser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 2 / 2 0 0 7

Transaction ID: 70809.C165846

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

52305.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 43

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Watson Law Office

Mailing Address 140 Great Rd.

City

Bedford

State

MA

Zip Code

01730-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

647.10

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 0 7

Transaction ID: 70706.C165822

Amount of Each Receipt this Period

647.10

Offsets to Operating Expe-  
nditu

**SUBTOTAL** of Receipts This Page (optional) .....

647.10

**TOTAL** This Period (last page this line number only) .....

647.10

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Css Castle Self-Storage	<b>Transaction ID:</b> 70809.E9879 <b>Date of Disbursement</b>																				
Mailing Address 39 Old Colony Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	7												
City Boston State MA Zip Code 02127-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Storage	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>329.00</td> </tr> </table>																				329.00
									329.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
STORAGE																					
<b>B.</b> Full Name (Last, First, Middle Initial) Hui Jojo Deng	<b>Transaction ID:</b> 70809.E9856 <b>Date of Disbursement</b>																				
Mailing Address 117 Beaconsfield Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	9		2	0	0	7												
City Brookline State MA Zip Code 02445-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting Services-General	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>495.00</td> </tr> </table>																				495.00
									495.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
ACCOUNTING SERVICES-GENERAL																					
<b>C.</b> Full Name (Last, First, Middle Initial) Kirk Dobson	<b>Transaction ID:</b> 70809.E9857 <b>Date of Disbursement</b>																				
Mailing Address 1209 Boylston St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	9		2	0	0	7												
City Boston State MA Zip Code 02215-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement for Postage	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>31.95</td> </tr> </table>																				31.95
									31.95												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
REIMBURSEMENT FOR POSTAGE																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**855.95**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	<b>Transaction ID:</b> 70809.E9854 <b>Date of Disbursement</b>																				
Mailing Address PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	9		2	0	0	7												
<table border="1"> <tr> <td>City Pittsburgh</td> <td>State PA</td> <td>Zip Code 15250-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Express Mail</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Pittsburgh	State PA	Zip Code 15250-	Purpose of Disbursement Express Mail		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>75.77</td> </tr> </table>	75.77											
City Pittsburgh	State PA	Zip Code 15250-																			
Purpose of Disbursement Express Mail		<input type="text"/> Category/ Type																			
Candidate Name																					
75.77																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:			EXPRESS MAIL												
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
<b>B.</b> Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	<b>Transaction ID:</b> 70809.E9878 <b>Date of Disbursement</b>																				
Mailing Address PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	7												
<table border="1"> <tr> <td>City Pittsburgh</td> <td>State PA</td> <td>Zip Code 15250-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Express Mail</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Pittsburgh	State PA	Zip Code 15250-	Purpose of Disbursement Express Mail		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>65.67</td> </tr> </table>	65.67											
City Pittsburgh	State PA	Zip Code 15250-																			
Purpose of Disbursement Express Mail		<input type="text"/> Category/ Type																			
Candidate Name																					
65.67																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:			EXPRESS MAIL												
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
<b>C.</b> Full Name (Last, First, Middle Initial) Fidelity FMR Corp.	<b>Transaction ID:</b> 70709.E9846 <b>Date of Disbursement</b>																				
Mailing Address 82 Devonshire Street MS: F5F	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	2		2	0	0	7												
<table border="1"> <tr> <td>City Boston</td> <td>State MA</td> <td>Zip Code 02109-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Catering for Event</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Boston	State MA	Zip Code 02109-	Purpose of Disbursement Catering for Event		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>555.00</td> </tr> </table>	555.00											
City Boston	State MA	Zip Code 02109-																			
Purpose of Disbursement Catering for Event		<input type="text"/> Category/ Type																			
Candidate Name																					
555.00																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:			CATERING FOR EVENT												
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**696.44**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Guardian Guardian

Mailing Address Boston Group Office  
1 Liberty Square

City Boston State MA Zip Code 02109-

Purpose of Disbursement  
Insurance

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9834

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 7

Amount of Each Disbursement this Period

258.15

INSURANCE

B.

Full Name (Last, First, Middle Initial)

HPH Inc. Harvard Pilgram Heal

Mailing Address 1200 Crown Colony Dr.

City Quincy State MA Zip Code 02169-

Purpose of Disbursement  
Health Insurance

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9855

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 0 7

Amount of Each Disbursement this Period

1849.23

HEALTH INSURANCE

C.

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank  
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9851

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 7

Amount of Each Disbursement this Period

35.00

CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional) .....

2142.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank  
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement

Credit Card Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70809.E9849

Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

25.00

CREDIT CARD FEE

**B.**

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank  
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement

Credit Card Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70809.E9848

Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

149.17

CREDIT CARD FEE

**C.**

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank  
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement

Credit Card Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70809.E9850

Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

35.00

CREDIT CARD FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

209.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

mindShift Technologies, Inc.

Mailing Address PO Box 200105

City  
Pittsburgh

State  
PA

Zip Code  
15251-

Purpose of Disbursement

Payment of debt for IT Support party related non fea

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 70809.E9877

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

1696.00

PAYMENT OF DEBT FOR IT SU-  
PPORT PARTY RELATED NON  
FEA

B.

Full Name (Last, First, Middle Initial)

Ox-Eye Properties

Mailing Address c/o Massey & Co.  
85 Merrimac Street

City  
Boston

State  
MA

Zip Code  
02114-

Purpose of Disbursement

Rent

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 70809.E9876

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

3695.00

RENT

C.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement

Payroll Service

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 70709.E9841

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

138.16

PAYROLL SERVICE

SUBTOTAL of Disbursements This Page (optional) .....

5529.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 70809.E9865 <b>Date of Disbursement</b>
Mailing Address PO Box 8295	<div> <div>07</div> <div>12</div> <div>2007</div> </div>
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll-401 K	<div>1923.08</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	PAYROLL-401 K
<b>B.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 70809.E9864 <b>Date of Disbursement</b>
Mailing Address PO Box 8295	<div> <div>07</div> <div>12</div> <div>2007</div> </div>
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll-Taxes	<div>3477.87</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	PAYROLL-TAXES
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 70809.E9866 <b>Date of Disbursement</b>
Mailing Address PO Box 8295	<div> <div>07</div> <div>13</div> <div>2007</div> </div>
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Service charge-401 K	<div>155.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	PAYROLL SERVICE CHARGE-401 K

**SUBTOTAL** of Disbursements This Page (optional) .....

**5555.95**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 70809.E9873

Date of Disbursement

07 / 26 / 2007

Amount of Each Disbursement this Period

3477.87

PAYROLL TAXES

B.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement

Payroll - 401 K

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 70809.E9874

Date of Disbursement

07 / 26 / 2007

Amount of Each Disbursement this Period

1923.08

PAYROLL - 401 K

C.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement

Payroll- quarterly taxes

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 70814.E9895

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

313.60

PAYROLL- QUARTERLY TAXES

SUBTOTAL of Disbursements This Page (optional) .....

5714.55

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address Staples Credit Plan  
Dept. 80 - 0088936796

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70809.E9875

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

94.02

OFFICE SUPPLIES

**B.**

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City Worcester State MA Zip Code 01654-

Purpose of Disbursement  
Phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70809.E9858

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

439.32

PHONE

**SUBTOTAL** of Disbursements This Page (optional) .....

533.34

**TOTAL** This Period (last page this line number only) .....

21236.94

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Kirk Dobson	Transaction ID: 70809.E9859 Date of Disbursement 07 / 12 / 2007
	Mailing Address 1209 Boylston St.	
	City Boston State MA Zip Code 02215-	Amount of Each Disbursement this Period 463.43
	Purpose of Disbursement Payroll	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL
<b>B.</b>	Full Name (Last, First, Middle Initial) Kirk Dobson	Transaction ID: 70809.E9868 Date of Disbursement 07 / 26 / 2007
	Mailing Address 1209 Boylston St.	
	City Boston State MA Zip Code 02215-	Amount of Each Disbursement this Period 463.43
	Purpose of Disbursement Payroll	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL
<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Dodge	Transaction ID: 70809.E9860 Date of Disbursement 07 / 12 / 2007
	Mailing Address 10 Parker Road	
	City Groveland State MA Zip Code 01834-	Amount of Each Disbursement this Period 2024.31
	Purpose of Disbursement Payroll	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

2951.17

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Dodge			<b>Transaction ID:</b> 70809.E9869 <b>Date of Disbursement</b> <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	6	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	7	/	2	6	/	2	0	0	7															
	Mailing Address 10 Parker Road																								
	City Groveland	State MA	Zip Code 01834-	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">2024.31</td></tr></table>		2024.31																			
2024.31																									
Purpose of Disbursement Payroll			<input type="text"/>																						
Candidate Name			Category/ Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:			PAYROLL																						
<b>B.</b>	Full Name (Last, First, Middle Initial) Bruce Harrison			<b>Transaction ID:</b> 70809.E9853 <b>Date of Disbursement</b> <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	0	9	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	7	/	0	9	/	2	0	0	7															
	Mailing Address 101 Elm St																								
	City Wakefield	State MA	Zip Code 01880-	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">1000.00</td></tr></table>		1000.00																			
1000.00																									
Purpose of Disbursement Payroll-Administration			<input type="text"/>																						
Candidate Name			Category/ Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:			PAYROLL-ADMINISTRATION																						
<b>C.</b>	Full Name (Last, First, Middle Initial) Lyndsay Jones			<b>Transaction ID:</b> 70809.E9861 <b>Date of Disbursement</b> <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	1	2	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	7	/	1	2	/	2	0	0	7															
	Mailing Address 16 Oval Road																								
	City Quincy	State MA	Zip Code 02170-	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">1236.59</td></tr></table>		1236.59																			
1236.59																									
Purpose of Disbursement Payroll			<input type="text"/>																						
Candidate Name			Category/ Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:			PAYROLL																						

**SUBTOTAL** of Disbursements This Page (optional) .....

4260.90
---------

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 43

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City  
Quincy

State  
MA

Zip Code  
02170-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9870

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1236.59

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City  
Chelmsford

State  
MA

Zip Code  
01863-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9862

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1245.83

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City  
Chelmsford

State  
MA

Zip Code  
01863-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9871

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1245.83

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

3728.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 43

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70809.E9863

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1236.59

PAYROLL

**B.**

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70809.E9872

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1236.59

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

2473.18

**TOTAL** This Period (last page this line number only) .....

13413.50

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 35 / 43

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

9891.83

Transaction ID: LS90508.E11236

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9891.83

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

475.83

Transaction ID: LS90508.E11238

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

475.83

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

5311.00

Transaction ID: LS90508.E11245

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5311.00

1) **SUBTOTALS** This Period This Page (optional).....

15678.66

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 36 / 43

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

15.69

Transaction ID: LS90508.E11239

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.69

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

9980.45

Transaction ID: LS90508.E11247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9980.45

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

1445.12

Transaction ID: LS90508.E11240

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1445.12

**1) SUBTOTALS** This Period This Page (optional).....

11441.26

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 37 / 43

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

3.58

Transaction ID: LS90508.E11241

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.58

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

3814.75

Transaction ID: LS90513.E11249

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3814.75

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

3909.25

Transaction ID: LS90513.E11248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3909.25

1) **SUBTOTALS** This Period This Page (optional).....

7727.58

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 38 / 43

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

15.37

Transaction ID: LS90513.E11251

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.37

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

9351.63

Transaction ID: LS90508.E11237

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9351.63

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

1) **SUBTOTALS** This Period This Page (optional).....

10617.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 39 / 43

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENIlsson ENIlssonNature of Debt (Purpose):  
Original debt for IT supp-  
ort party related non fea

Mailing Address 6 Depot Street

City State ZIP Code  
Westford MA 01886-

Outstanding Balance Beginning This Period

1252.00

Transaction ID: LS90513.E11301

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1252.00

**1) SUBTOTALS** This Period This Page (optional).....

3752.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 40 / 43

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENlisson ENilssonNature of Debt (Purpose):  
Original debt for IT supp-  
ort party related non fea

Mailing Address 6 Depot Street

City State ZIP Code  
Westford MA 01886-

Outstanding Balance Beginning This Period

360.00

Transaction ID: LS90513.E11302

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

360.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENlisson ENilssonNature of Debt (Purpose):  
Original debt for IT supp-  
ort party related non fea

Mailing Address 6 Depot Street

City State ZIP Code  
Westford MA 01886-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90513.E11303

Amount Incurred This Period

411.94

Payment This Period

0.00

Outstanding Balance at Close of This Period

411.94

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Garage Government CenterNature of Debt (Purpose):  
Original debt for parking  
party related non fea

Mailing Address 50 New Sudbury Street

City State ZIP Code  
Boston MA 02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11296

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

1) **SUBTOTALS** This Period This Page (optional).....

1411.94

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Garage Government CenterNature of Debt (Purpose):  
Original debt for parking  
party related non fea

Mailing Address 50 New Sudbury Street

City State ZIP Code  
Boston MA 02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11295

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Garage Government CenterNature of Debt (Purpose):  
Original debt for parking  
party related non fea

Mailing Address 50 New Sudbury Street

City State ZIP Code  
Boston MA 02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11300

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Garage Government CenterNature of Debt (Purpose):  
Payment for debt for park-  
ing party related non fea

Mailing Address 50 New Sudbury Street

City State ZIP Code  
Boston MA 02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11299

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

1) **SUBTOTALS** This Period This Page (optional).....

1920.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Payment of debt for IT Support party related non fea

Mailing Address PO Box 200105

City State ZIP Code  
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

1696.00

Transaction ID: LS70809.E9877

Amount Incurred This Period

0.00

Payment This Period

1696.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City State ZIP Code  
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

1696.00

Transaction ID: LS90513.E11288

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1696.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City State ZIP Code  
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

1652.00

Transaction ID: LS90513.E11289

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1652.00

1) **SUBTOTALS** This Period This Page (optional).....

3348.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City State ZIP Code  
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90513.E11290

Amount Incurred This Period

1652.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1652.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Communication, Inc. MajorityNature of Debt (Purpose):  
Original Debt for FEA Get Out the Vote Mailing

Mailing Address 274 Marconi Blvd. Suite 260

City State ZIP Code  
Columbus OH 43215-

Outstanding Balance Beginning This Period

13000.00

Transaction ID: LS90508.E11226

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13000.00

1) **SUBTOTALS** This Period This Page (optional).....

14652.00

2) **TOTALS** This Period (last page this line number only).....

70548.44

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

70548.44